

Official Form 1 (4/07)

United States Bankruptcy Court Northern District of Illinois				Voluntary Petition																					
Name of Debtor (if individual, enter Last, First, Middle): Williamson, Bobby K			Name of Joint Debtor (Spouse) (Last, First, Middle): Mundy-Williamson, Kimberly D																						
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):			All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): AKA Kimberly Smith																						
Last four digits of Soc. Sec./Complete EIN or other Tax ID No. (if more than one, state all): xxx-xx-6547			Last four digits of Soc. Sec./Complete EIN or other Tax ID No. (if more than one, state all): xxx-xx-8630																						
Street Address of Debtor (No. and Street, City, and State): 11316 S. Champlain Chicago, IL			Street Address of Joint Debtor (No. and Street, City, and State): 11316 S. Champlain Chicago, IL																						
ZIP Code 60628			ZIP Code 60628																						
County of Residence or of the Principal Place of Business: Cook			County of Residence or of the Principal Place of Business: Cook																						
Mailing Address of Debtor (if different from street address):			Mailing Address of Joint Debtor (if different from street address):																						
ZIP Code			ZIP Code																						
Location of Principal Assets of Business Debtor (if different from street address above):																									
Type of Debtor (Form of Organization) (Check one box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)		Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other <hr/> Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding <hr/> Nature of Debts (Check one box) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.																					
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.			Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. <hr/> Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).																						
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.				THIS SPACE IS FOR COURT USE ONLY																					
Estimated Number of Creditors <table style="width: 100%; text-align: center;"> <tr> <td>1-49</td> <td>50-99</td> <td>100-199</td> <td>200-999</td> <td>1,000-5,000</td> <td>5,001-10,000</td> <td>10,001-25,000</td> <td>25,001-50,000</td> <td>50,001-100,000</td> <td>OVER 100,000</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>						1-49	50-99	100-199	200-999	1,000-5,000	5,001-10,000	10,001-25,000	25,001-50,000	50,001-100,000	OVER 100,000	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-49	50-99	100-199	200-999			1,000-5,000	5,001-10,000	10,001-25,000	25,001-50,000	50,001-100,000	OVER 100,000														
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
Estimated Assets <input checked="" type="checkbox"/> \$0 to \$10,000 <input type="checkbox"/> \$10,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$100 million <input type="checkbox"/> More than \$100 million																									
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$100 million <input type="checkbox"/> More than \$100 million																									

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Williamson, Bobby K
Mundy-Williamson, Kimberly D

All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)

Location Where Filed: - None -	Case Number:	Date Filed:
Location Where Filed:	Case Number:	Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor: - None -	Case Number:	Date Filed:
District:	Relationship:	Judge:

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.

Exhibit B

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

X /s/ Damita G. Buffington **November 16, 2007**
Signature of Attorney for Debtor(s) (Date)
Damita G. Buffington 6228924

Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

- ☐ Yes, and Exhibit C is attached and made a part of this petition.
☒ No.

Exhibit D

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☒ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

Information Regarding the Debtor - Venue

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

Statement by a Debtor Who Resides as a Tenant of Residential Property

(Check all applicable boxes)

- ☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord that obtained judgment)

(Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
☐ Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Williamson, Bobby K
Mundy-Williamson, Kimberly D

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.
[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.
[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Bobby K Williamson
Signature of Debtor **Bobby K Williamson**

X /s/ Kimberly D Mundy-Williamson
Signature of Joint Debtor **Kimberly D Mundy-Williamson**

Telephone Number (If not represented by attorney)

November 16, 2007

Date

Signature of Attorney

X /s/ Damita G. Buffington
Signature of Attorney for Debtor(s)

Damita G. Buffington 6228924

Printed Name of Attorney for Debtor(s)

Damita Buffington & Associates, LLC

Firm Name

1525 E. 53rd St.
Suite 622
Chicago, IL 60615

Address

Email: Bknotices@ChicagoElimidebt.com

773-667-0280 Fax: 773-667-0290

Telephone Number

November 16, 2007

Date

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X
Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X
Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19B is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

Address

X
Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

Official Form 1, Exhibit D (10/06)

United States Bankruptcy Court
Northern District of Illinois

In re Bobby K Williamson
Kimberly D Mundy-Williamson

Debtor(s)

Case No. _____
Chapter 7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.][Summarize exigent circumstances here.]* _____

If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.

Official Form 1, Exh. D (10/06) - Cont.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Bobby K Williamson
Bobby K Williamson

Date: November 16, 2007

Official Form 1, Exhibit D (10/06)

United States Bankruptcy Court
Northern District of Illinois

In re Bobby K Williamson
Kimberly D Mundy-Williamson

Debtor(s)

Case No.
Chapter

7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.][Summarize exigent circumstances here.]* _____

If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.

Official Form 1, Exh. D (10/06) - Cont.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Kimberly D Mundy-Williamson
Kimberly D Mundy-Williamson

Date: November 16, 2007

United States Bankruptcy Court
Northern District of Illinois

In re **Bobby K Williamson,**
Kimberly D Mundy-Williamson

Debtors

Case No. _____

Chapter 7

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	0.00		
B - Personal Property	Yes	3	4,959.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		3,115.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	25		213,661.24	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			1,934.47
J - Current Expenditures of Individual Debtor(s)	Yes	2			2,010.00
Total Number of Sheets of ALL Schedules		38			
Total Assets			4,959.00		
Total Liabilities				216,776.24	

United States Bankruptcy Court
Northern District of Illinois

In re **Bobby K Williamson,**
Kimberly D Mundy-Williamson

Debtors

Case No. _____

Chapter 7

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) (whether disputed or undisputed)	0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E)	0.00
Student Loan Obligations (from Schedule F)	0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	0.00

State the following:

Average Income (from Schedule I, Line 16)	1,934.47
Average Expenses (from Schedule J, Line 18)	2,010.00
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	2,934.19

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		115.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		213,661.24
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		213,776.24

Form B6A
(10/05)

In re **Bobby K Williamson,
Kimberly D Mundy-Williamson**

Case No. _____

Debtors

SCHEDULE A. REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
--------------------------------------	---	------------------------------------	--	-------------------------

None

Sub-Total >	0.00	(Total of this page)
Total >	0.00	

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

Form B6B
(10/05)

In re **Bobby K Williamson,
Kimberly D Mundy-Williamson**

Case No. _____

Debtors

SCHEDULE B. PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." In providing the information requested in this schedule, do not include the name or address of a minor child. Simply state "a minor child."

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand	X			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Washington Mutual >>>Checking	J	159.00
		Guaranty Bank Checking>>>No Cash Value	J	0.00
3. Security deposits with public utilities, telephone companies, landlords, and others.		Landlord Cheryl Smith>>> No Cash Value	J	0.00
4. Household goods and furnishings, including audio, video, and computer equipment.		Miscellaneous household goods	J	500.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Necessary wearing apparel	J	300.00
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			

Sub-Total > **959.00**
(Total of this page)

2 continuation sheets attached to the Schedule of Personal Property

Form B6B
(10/05)

In re **Bobby K Williamson,
Kimberly D Mundy-Williamson**

Case No. _____

Debtors

SCHEDULE B. PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c); Rule 1007(b)).	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	Pension		J	1,000.00
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owing debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			

Sub-Total > **1,000.00**
(Total of this page)

Sheet 1 of 2 continuation sheets attached
to the Schedule of Personal Property

Form B6B
(10/05)

In re **Bobby K Williamson,
Kimberly D Mundy-Williamson**

Case No. _____

Debtors

SCHEDULE B. PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		1992 Lincoln Towncar	J	3,000.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

Sub-Total >	3,000.00
(Total of this page)	
Total >	4,959.00

Sheet 2 of 2 continuation sheets attached
to the Schedule of Personal Property

(Report also on Summary of Schedules)

Form B6C
(4/07)

In re **Bobby K Williamson,
Kimberly D Mundy-Williamson**

Case No. _____

Debtors

SCHEDULE C. PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

☐ 11 U.S.C. §522(b)(2)

☒ 11 U.S.C. §522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds \$136,875.

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
<u>Checking, Savings, or Other Financial Accounts, Certificates of Deposit</u>			
Washington Mutual >>>Checking	735 ILCS 5/12-1001(b)	159.00	159.00
<u>Household Goods and Furnishings</u>			
Miscellaneous household goods	735 ILCS 5/12-1001(b)	500.00	500.00
<u>Wearing Apparel</u>			
Necessary wearing apparel	735 ILCS 5/12-1001(a)	300.00	300.00
<u>Interests in IRA, ERISA, Keogh, or Other Pension or Profit Sharing Plans</u>			
Pension	735 ILCS 5/12-704	1,000.00	1,000.00
<u>Automobiles, Trucks, Trailers, and Other Vehicles</u>			
1992 Lincoln Towncar	735 ILCS 5/12-1001(c)	3,000.00	3,000.00

Total: **4,959.00** **4,959.00**

0 continuation sheets attached to Schedule of Property Claimed as Exempt

Case No. _____

SCHEDULE D. CREDITORS HOLDING SECURED CLAIMS

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

0 continuation sheets attached

Subtotal
(Total of this page)

Total
(Report on Summary of Schedules)

In re **Bobby K Williamson,
Kimberly D Mundy-Williamson**

Case No. _____

Debtors

SCHEDULE E. CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112. If "a minor child" is stated, also include the name, address, and legal relationship to the minor child of a person described in Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts who file a case under chapter 7 or 13 report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts who file a case under chapter 7 report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trust or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Official Form 6F (10/06)

In re **Bobby K Williamson,
Kimberly D Mundy-Williamson**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112. If "a minor child" is stated, also include the name, address, and legal relationship to the minor child of a person described in Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts filing a case under chapter 7, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. xxxxxxx44-01 Creditor #: 1 AA Credit Union PO Box 155489 Fort Worth, TX 76155-0489		J	2006 Unsecured loan			650.00
Account No. xxxx7178 Creditor #: 2 Aarow Financial Services 5996 W Touhy Ave Niles, IL 60714		H	Opened 4/05/07 Collection A.F.S. Assignee Of Hsbc Bank N			942.00
Account No. Representing: Aarow Financial Services			ASG c/o Arrow Financial Services LLC 205 Bryant Woods South Amherst, NY 14228			
Account No. xxxxxx9966 Creditor #: 3 Afn, Inc. Po Box 3427 Bloomington, IL 61702		W	Opened 1/02/03 Collection Sprint Pcs			1,801.00
Subtotal (Total of this page)						3,393.00

24 continuation sheets attached

Official Form 6F (10/06) - Cont.

In re **Bobby K Williamson,
Kimberly D Mundy-Williamson**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxx4087 Creditor #: 4 Afni, Inc. Po Box 3427 Bloomington, IL 61702	H	Opened 9/18/03 Last Active 10/01/03 Collection Cingular				490.00
Account No. x9640 Creditor #: 5 Allied Collection Svc 4230 Lbj Fwy Ste 407 Dallas, TX 75244	J	Opened 4/02/02 Collection Apartment-Fairways Of Grand Pr				980.00
Account No. xxxxxx1995 Creditor #: 6 America Online GPO PO Box 30623 Tampa, FL 33630-0623	J	2005 Collection				100.00
Account No. xxxxxxx6103 Creditor #: 7 American Airlines Efcu Po Box 619001 Dallas, TX 75261	W	Opened 5/09/07 Last Active 6/29/07 Unsecured				887.00
Account No. xxxxxxx4401 Creditor #: 8 American Airlines Efcu Po Box 619001 Dallas, TX 75261	H	Opened 5/11/05 Last Active 5/18/07 Unsecured				339.00
Sheet no. <u>1</u> of <u>24</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 2,796.00

In re **Bobby K Williamson,
Kimberly D Mundy-Williamson**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxxx73-03 Creditor #: 9 American Airlines FCU MD 2100 PO Box 619001 Dallas, TX 75261-9001	J	5-2007 Unsecured loan				1,000.00
Account No. xxxx0410 Creditor #: 10 Annita John MDPC DBA Heritage Pediatrics 2800 W. 87th St. Chicago, IL 60652-3831	J	2007 Medical Bill				150.00
Account No. xx5107-H- Creditor #: 11 Argent Healthcare Financial Service 3500 W. Peterson Suite 300 Chicago, IL 60659	J	5-9-03 Medical Bill				115.60
Account No. xxxx-xxxx-xxxx-9094 Creditor #: 12 Arrow Financial Services 5996 W. Touhy Ave. Niles, IL 60714-4610	J	2006 Judgment				2,033.63
Account No. Representing: Arrow Financial Services		Louis Freedman PO Box 3228 Naperville, IL 60566-7228				
Sheet no. 2 of 24 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 3,299.23

In re **Bobby K Williamson,
Kimberly D Mundy-Williamson**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxx7129 Creditor #: 13 ATG Credit, LLC PO BOx 14895 Chicago, IL 60614	J	2007 Radiology Imaging Specialist collection				120.00
Account No. xxxxxxxxxxx1111 Creditor #: 14 Blakely Witt & Assoc 802 E Highway 80 Mesquite, TX 75149	W	Opened 12/01/01 Collection Indian				123.00
Account No. CVC-xx6734 Creditor #: 15 Cardiovascular Consultants, LLP c/o Physicians Billing Service 2800 W. 95th St. Evergreen Park, IL 60805-2701	J	2007 Medical Bill				20.00
Account No. xxxx4998 Creditor #: 16 Cash Supply 314 N Riverside Drive Espanola, NM 87532	J	5-24-07 Unsecured loan				300.00
Account No. Representing: Cash Supply		National Credit Adjusters c/o Cash Supply PO Box 3023- 327 W. 47th St Hutchinson, KS 67504-3023				
Sheet no. <u>3</u> of <u>24</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 563.00

In re **Bobby K Williamson,
Kimberly D Mundy-Williamson**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxx2863 Creditor #: 17 Cavalry Portfolio Svcs 4050 E Cotton Center Blv Phoenix, AZ 85040	W	Opened 3/31/06 Collection At T				207.00
Account No. xx2292 Creditor #: 18 Cb Usa Inc 55252 Hohman Ave Hammond, IN 46320	W	Opened 9/28/01 Last Active 1/01/07 Collection John Md Dr. Annita				754.00
Account No. xxxxx2601 Creditor #: 19 Cb Usa Inc 5252 Hohman Po Box 8000 Hammond, IN 46325	H	Opened 7/01/01 Last Active 10/01/01 Med1 John Md Dr Annita				688.00
Account No. xx1674 Creditor #: 20 Cb Usa Inc 55252 Hohman Ave Hammond, IN 46320	H	Opened 6/18/02 Last Active 1/01/07 Collection John Md Dr. Annita				309.00
Account No. xx2293 Creditor #: 21 Cb Usa Inc 5252 Hohman Po Box 8000 Hammond, IN 46325	W	Opened 9/01/01 Last Active 1/01/07 Med1 02 John Md Dr Annita				195.00
Sheet no. 4 of 24 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						2,153.00
Subtotal (Total of this page)						2,153.00

In re **Bobby K Williamson,
Kimberly D Mundy-Williamson**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xx2287 Creditor #: 22 Cb Usa Inc 55252 Hohman Ave Hammond, IN 46320	W	Opened 7/30/04 Last Active 1/01/07 Collection John Md Dr. Annita				117.00
Account No. xx2289 Creditor #: 23 Cb Usa Inc 55252 Hohman Ave Hammond, IN 46320	W	Opened 3/03/04 Last Active 1/01/07 Collection John Md Dr. Annita				110.00
Account No. xx2286 Creditor #: 24 Cb Usa Inc 55252 Hohman Ave Hammond, IN 46320	W	Opened 7/30/04 Last Active 1/01/07 Collection John Md Dr. Annita				85.00
Account No. xx2288 Creditor #: 25 Cb Usa Inc 55252 Hohman Ave Hammond, IN 46320	W	Opened 7/30/04 Last Active 1/01/07 Collection John Md Dr. Annita				65.00
Account No. xxxx7901 Creditor #: 26 Centrix Resource Syste 5690 Dtc Blvd Ste 270 Englewood, CO 80111	W	Opened 11/16/04 Last Active 4/25/07 Automobile				12,605.00
Sheet no. <u>5</u> of <u>24</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						12,982.00
Subtotal (Total of this page)						12,982.00

In re **Bobby K Williamson,
Kimberly D Mundy-Williamson**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. xxxxx991-9, xxxxx232-7	J		12-2000 Medical Bill				3,600.00
Creditor #: 27 Christ Hospital and Medical Center 4440 W. 95th St. Oak Lawn, IL 60453							
Account No. xxxxxxxxxxxx4302	J		Opened 4/19/05 Last Active 5/25/05 ChargeAccount				801.00
Creditor #: 28 Citibank Usa Po Box 6003 Hagerstown, MD 21747							
Account No.			LTD Financial Services c/o Citibank USA NA 7322 Southwest Freeway, #1600 Houston, TX 77074				
Representing: Citibank Usa							
Account No. xxx017-9	J		2007 Medical Bill				224.00
Creditor #: 29 City Of Chicago -EMS 33589 Treasury Center Chicago, IL 60694							
Account No. xxxxxx-xx2804	J		2007 Collection				350.00
Creditor #: 30 City of Chicago Dept. of Water Box 6330 Chicago, IL 60680-6330							
Sheet no. <u>6</u> of <u>24</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							4,975.00
Subtotal (Total of this page)							4,975.00

In re **Bobby K Williamson,
Kimberly D Mundy-Williamson**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxx8767 Creditor #: 31 CMI c/o Wow Internet & Cable Box 118288 Carrollton, TX 75007-8288	J	2007 Collection Wow Internet and Cable				500.00
Account No. xxxxxx3002 Creditor #: 32 ComEd Bill Payment Center Chicago, IL 60668-0001	J	2007 Utilities				400.00
Account No. CCPxx5864, xxx6544CCP, xx7604 Creditor #: 33 Consultants In Clinical Pathol 37416 Eagle Way Chicago, IL 60678	J	6-16-03 Medical Bill				1,000.00
Account No. xx xxxxxx9468 Creditor #: 34 Credit Collection Services c/o American Family Insurance Madison, WI 53777-0001	J	2007 Collection				171.80
Account No. xxxx7566 Creditor #: 35 Credit Systems/ Collection Agency 1277 Country Club Ln Fort Worth, TX 76112	W	Opened 5/20/02 Collection Dee Martinez M D				300.00
Sheet no. <u>7</u> of <u>24</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 2,371.80

In re **Bobby K Williamson,
Kimberly D Mundy-Williamson**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
Account No. xxxx3278		W	Opened 7/01/05 Last Active 7/28/05 Collection Family Healthcare Associates				174.00	
Creditor #: 36 Credit Systems/ Collection Agency 1277 Country Club Ln Fort Worth, TX 76112								
Account No. xx5540		W	Opened 4/01/03 Last Active 9/01/06 Collection Illinois Heart And Vascular				280.00	
Creditor #: 37 Creditors Collection B 755 Almar Pkwy Bourbonnais, IL 60914								
Account No. xxxxxxxx0206		W	Opened 1/01/03 Last Active 7/01/07 Med1 02 Cardiology Diagnostic Servic				55.00	
Creditor #: 38 Dependon Col 7627 W Lake St 210 River Forest, IL 60305								
Account No. xxxxxxxx9338		W	Opened 8/15/06 Last Active 7/01/07 Collection Pathology Consultants Of Chica				172.00	
Creditor #: 39 Dependon Collection Se 120 W 22nd St Ste 360 Oak Brook, IL 60523								
Account No. xxxxxxxx9312		W	Opened 8/15/06 Last Active 7/01/07 Collection Pathology Consultants Of Chica				151.00	
Creditor #: 40 Dependon Collection Se 120 W 22nd St Ste 360 Oak Brook, IL 60523								
Sheet no. <u>8</u> of <u>24</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	832.00

Official Form 6F (10/06) - Cont.

In re **Bobby K Williamson,
Kimberly D Mundy-Williamson**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxxxx9337 Creditor #: 41 Dependon Collection Se 120 W 22nd St Ste 360 Oak Brook, IL 60523		W	Opened 8/15/06 Last Active 7/01/07 Collection Pathology Consultants Of Chica				64.00
Account No. xxxxxxxx0002 Creditor #: 42 Doctors Reporting Service of Texas c/o Harris Methodist Fort Worth PO Box 460036 Garland, TX 75046-0036		J	1997 Medical Bill				450.00
Account No. xxxx4995 Creditor #: 43 East Side Lenders, LLC 2711 Centerville Rd. Suite 120-5900 Wilmington, DE 19808		J	6-4-07 Unsecured loan				390.00
Account No. xx2001 Creditor #: 44 Emergency Physician's Office PO Box 60439 Fort Myers, FL 33906-6439		J	2006 Medical Bill				20.00
Account No. xxxx2080 Creditor #: 45 Evergreen Anes Pain Management 185 Penny Ave. Dundee, IL 60118-1454		J	2007 Medical Bill				1,800.00
Sheet no. <u>9</u> of <u>24</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							2,724.00

Official Form 6F (10/06) - Cont.

In re **Bobby K Williamson,
Kimberly D Mundy-Williamson**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. x2675 Creditor #: 46 Evergreen Orhtopedics, S.C. 2850 W. 95th St Suite 406 Evergreen Park, IL 60805	J	2000 Medical Bill				95.36
Account No. xxxxxxxxxxxx4072 Creditor #: 47 F&w Llc 500 W Madison St Ste 2910 Chicago, IL 60661	W	Opened 8/01/01 Last Active 9/01/05 Collection 14 Comcast Cable Communications				169.00
Account No. x8751 Creditor #: 48 Falls Collection Svc Po Box 668 Germantown, WI 53022	W	Opened 8/21/01 Last Active 7/01/03 Collection Dr Anita Arora M.D.				463.00
Account No. xx8312 Creditor #: 49 Falls Collection Svc Po Box 668 Germantown, WI 53022	W	Opened 7/30/01 Last Active 7/01/03 Collection Dr Anita Arora M.D.				65.00
Account No. xxx8256 Creditor #: 50 FBCS c/o Check N Go 841 E. Hunting Park Ave. Philadelphia, PA 19124	J	2007 Unsecured loan				259.00
Sheet no. 10 of 24 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 1,051.36

In re **Bobby K Williamson,
Kimberly D Mundy-Williamson**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. x8751 Creditor #: 51 Financial Control Solutions c/o Dr. Anita Arora M.D. PO Box 668 Germantown, WI 53022-0668	J	8-05 Medical Bill				463.14
Account No. xxxxxx0820 Creditor #: 52 GC Services Limited Partnership c/o BMG Music Service PO Box 3026 Houston, TX 77253-3026	J	2000 Collection				200.00
Account No. xxxxxx9104 Creditor #: 53 Guaranty Bank Collection Department PO Box 245014 Milwaukee, WI 53224	J	2007 Collection				990.00
Account No. xxxxxxxxxxxx0000 Creditor #: 54 H&f Law 33 N Lasalle Ste. 1200 Chicago, IL 60602	W	Opened 12/01/00 Last Active 2/01/01 Tcf National Bank				552.00
Account No. xxx0772 Creditor #: 55 Harvard Collection 4839 N Elston Ave Chicago, IL 60630	H	Opened 11/30/00 Collection Hcs Inc				86.00
Sheet no. <u>11</u> of <u>24</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 2,291.14

In re **Bobby K Williamson,
Kimberly D Mundy-Williamson**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxx5401 Creditor #: 56 Hsbc/carsn Po Box 15521 Wilmington, DE 19805	H	Opened 10/29/04 Last Active 3/22/07 ChargeAccount				Unknown
Account No. xxx8511 Creditor #: 57 ICS c/o Advocate Christ Medical Center PO Box 646 Oak Lawn, IL 60454-0646	J	12-4-02 Medical Bill				165.00
Account No. xxx1787 Creditor #: 58 ICS Collection Service c/o Little Compnay of Mary Hospital Box 646 Oak Lawn, IL 60454-0646	J	2005 Medical Bill				1,172.67
Account No. xxx1098, xx0003 Creditor #: 59 ICS Collection Service c/o Practice Resources, Inc Box 646 Oak Lawn, IL 60454-0646	J	7-16-00 Medical Bill				140.00
Account No. xxx2124 Creditor #: 60 ICS Collection Service c/o Little Company of Mary Hospital Box 646 Oak Lawn, IL 60454-0646	J	3-29-05 Medical Bill				135.00
Sheet no. 12 of 24 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 1,612.67

Official Form 6F (10/06) - Cont.

In re **Bobby K Williamson,
Kimberly D Mundy-Williamson**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Dxxxx6031 Creditor #: 61 II Dept Of Healthcare 509 S 6th St Springfield, IL 62701	H	Opened 4/16/04 Last Active 6/05/07 ChildSupport				3,641.00
Account No. xDx5042 Creditor #: 62 Ildptpubaid 509 S. 6th Street Springfield, IL 62701	H	Opened 12/01/02 Last Active 6/01/07 ChildSupport				3,204.00
Account No. Mundy0000 Creditor #: 63 Institute For Women's Health 2600 W. Division Chicago, IL 60622	J	2007 Medical Bill				50.00
Account No. Wilbo00 Creditor #: 64 John G. Latall, MD 1317 W. Diversey Pkwy Chicago, IL 60614	J	2-8-05 Medical Bill				217.00
Account No. xxxx2856 Creditor #: 65 Little Co Affiliated Physicians 2800 W. 87th St. Chicago, IL 60652	J	2007 Medical Bill				5,948.00
Sheet no. <u>13</u> of <u>24</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 13,060.00

Official Form 6F (10/06) - Cont.

In re **Bobby K Williamson,
Kimberly D Mundy-Williamson**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Vxxxxxxx3151, Vxxxxxxx8742 Creditor #: 66 Little Company of Mary 2800 W. 95th St Evergreen Park, IL 60805	J	2007 Medical Bill				10,000.00
Account No. Vxxxxxxx9397, Vxxxxxxx8742 Creditor #: 67 Little Company of Mary 2800 W. 95th St. Evergreen Park, IL 60805	J	2007 Medical Bill				100,000.00
Account No. 3FL2 Creditor #: 68 Lvnv Funding P.o. B 10584 Greenville, SC 29603	W	Opened 6/01/06 FactoringCompanyAccount MCI				334.00
Account No. Representing: Lvnv Funding		Astra Buisness Services PO Box 1341 Mill Valley, CA 94942-1341				
Account No. Representing: Lvnv Funding		NCO Financial System c/o MCI 507 Prudential Rd. Horsham, PA 19044				
Sheet no. 14 of 24 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 110,334.00

In re **Bobby K Williamson,
Kimberly D Mundy-Williamson**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. x3611 Creditor #: 69 M3Financial Services c/o Roseland Community Hospital O Box 802089 Chicago, IL 60680-2089	J	2002 Medical Bill				500.00
Account No. Vxxxxxxx6088, Vxxxxxxx9677 Creditor #: 70 Malcolm S. Gerald & Asc. Inc c/o Little Co. of Mary Hospital 332 S. Michigan Ave, Suite 600 Chicago, IL 60604	J	2004 Medical Bill				600.00
Account No. x6052 Creditor #: 71 Materna Fetal Medicine Consultants PO Box 616 Forest Park, IL 60130	J	2007 Medical Bill				150.00
Account No. MDx271UE1 Creditor #: 72 Med Busi Bur 1460 Renaissance D Suite 400 Park Ridge, IL 60068	W	Opened 4/01/04 Last Active 5/01/07 Med1 U Of I Dept Of Emer Med				105.00
Account No. xxx0157 Creditor #: 73 Medical Collections Sy 725 S. Wells Ave Ste 700 Chicago, IL 60607	W	Opened 3/25/02 Last Active 1/01/07 Collection Renaissance Medical Group Rmg				580.00
Sheet no. 15 of 24 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 1,935.00

Official Form 6F (10/06) - Cont.

In re **Bobby K Williamson,
Kimberly D Mundy-Williamson**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Representing: Medical Collections Sy		Robert Mistovich c/o Renaissance Medical Group 725 S. Wells St., Suite 701 Chicago, IL 60607				
Account No. xxx3816 Creditor #: 74 Medical Collections Sy 725 S. Wells Ave Ste 700 Chicago, IL 60607	H	Opened 8/22/01 Last Active 1/01/07 Collection Evergreen Emergency Services				339.00
Account No. xxx4475 Creditor #: 75 Medical Collections Sy 725 S. Wells Ave Ste 700 Chicago, IL 60607	H	Opened 11/01/02 Collection Evergreen Emergency Services				49.00
Account No. xxxxx-x0774, Axxxxxx0587 Creditor #: 76 Mercy Hospital & Medical Center 2525 S. Michigan Ave. Chicago, IL 60616-2477	J	2006-2007 Medical Bill				150.00
Account No. xxxxxx8236 Creditor #: 77 Midland Cred 8875 Aero Dr Suite 200 San Diego, CA 92123	H	Opened 10/01/06 Last Active 6/01/07 FactoringCompanyAccount Wells Fargo Financial Inc				6,880.00
Sheet no. 16 of 24 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 7,418.00

Official Form 6F (10/06) - Cont.

In re **Bobby K Williamson,
Kimberly D Mundy-Williamson**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. Representing: Midland Cred		Peoples First c/o Wells Fargo Financial 2080 Elm St. SE Minneapolis, MN 55414-2531				
Account No. 4537 Creditor #: 78 Midwest Anesthesiologists 185 Penny Ave. Dundee, IL 60118		J 2000-2001 Medical Bill				1,500.00
Account No. xxxxx-x9355 Creditor #: 79 Midwest Pediatric Cardiology PO ox 3773 Oak Brook, IL 60522-3773		J 12-16-2000 Medical Bill				450.00
Account No. x5855, x6887 Creditor #: 80 Midwest Pediatric Cardiology 1482 Momentum Place Chicago, IL 60689-5314		J 2007 Medical Bill				1,100.00
Account No. xxx-xx-6547 Creditor #: 81 Nationwidecash.com 314 N. Riverside Drive Espanola, NM 87532		J 5-2007 Unsecured loan				400.00
Sheet no. <u>17</u> of <u>24</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						3,450.00

In re **Bobby K Williamson,
Kimberly D Mundy-Williamson**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxx0258 Creditor #: 82 Nco Fin/27 Po Box 7216 Philadelphia, PA 19101	W	Opened 12/01/06 Collection Bank Of America-Operations C				652.00
Account No. xxxx8205 Creditor #: 83 Nco Financial Svcs Po Box 13564 Philadelphia, PA 19101	W	Opened 3/05/07 Collection North Hills Hospital				100.00
Account No. xxxxx8166, xxxxx4886, xxxxx9724 Creditor #: 84 NCO Financial Systems, Inc Midwest c/o Christ Hospital & Medical Ctr PO Box 41421 DPT 55 Philadelphia, PA 19101	J	2002-2003 Medical Bill				2,000.00
Account No. xx8363 Creditor #: 85 Northwest Premium Services, Inc. 330 S. Wells St. 16Flr Chicago, IL 60606	J	2006 Collection				269.53
Account No. MACSQPMSxxxxx6420 Creditor #: 86 Paramount Recovery Sys 111 E Center St Lorena, TX 76655	W	Opened 4/28/06 Collection Questcare Er- N Hills				25.00
Sheet no. 18 of 24 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						3,046.53

Official Form 6F (10/06) - Cont.

In re **Bobby K Williamson,
Kimberly D Mundy-Williamson**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxx4212 Creditor #: 87 Peoples Engy 130 E Randolph Chicago, IL 60601	W	Opened 11/01/05 Last Active 5/01/07 Utilities				400.00
Account No. xxxxxxxxxxxx4340 Creditor #: 88 Portfolio Recoveries 120 Corporate Blvd Ste 1 Norfolk, VA 23502		Opened 3/30/06 Last Active 7/01/07 FactoringCompanyAccount Credit Store Inc.				1,062.00
Account No. xxxxxxxxxx9193 Creditor #: 89 Portfolio Recoveries 120 Corporate Blvd Ste 1 Norfolk, VA 23502	W	Opened 3/04/04 Last Active 6/01/07 FactoringCompanyAccount Sbc				688.00
Account No. xxxxxxxxxx4833 Creditor #: 90 Procollect,inc 12170 Abrams Rd Ste 100 Dallas, TX 75243		Opened 3/09/05 Collection Arbor Terrace / Towne South /				1,778.00
Account No. Axxx-xxxxx26-02 Creditor #: 91 Radiological Physicians, LTD P.O. Box 2150 Bedford Park, IL 60499	J	2007 Medical Bill				25.00
Sheet no. 19 of 24 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						3,953.00

In re **Bobby K Williamson,
Kimberly D Mundy-Williamson**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xx6793 Creditor #: 92 Radiology Imaging Specialists LTD P.O. Box 70 Hinsdale, IL 60522	J	7-25-07 Medical Bill				500.00
Account No. xxxxxxx1101 Creditor #: 93 Regional Acceptance Co 110 W Randill Mill Rd St Arlington, TX 76011	W	Opened 12/04/04 Last Active 5/13/07 Automobile				13,504.00
Account No. xxxxxx0254 Creditor #: 94 Resurrection Health Care 4588 Paysphere Circle Chicago, IL 60674-0045	J	3-24-05 Medical Bill				350.00
Account No. x151A1 Creditor #: 95 Ridgeway Chevrolet, Inc 17730 Torrence Ave. Lansing, IL 60438	J	8-26-05 Collection				250.00
Account No. xxx-xxx-xxxx-1932 Creditor #: 96 Risk Management Alternatives Inc C/O SBC P.O. Box 105236 Atlanta, GA 30348	J	2003 SBC				592.70
Sheet no. 20 of 24 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 15,196.70

Official Form 6F (10/06) - Cont.

In re **Bobby K Williamson,
Kimberly D Mundy-Williamson**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxxxxxxxx4734 Creditor #: 97 RJM Acquisitions c/o Chase Manhattan Bank 575 Underhill Blvd., Suite 224 Syosset, NY 11791-3416	J	2006 Collection				1,368.43
Account No. xxxxxxxx0266 Creditor #: 98 Roseland Community Hospital Urgent PO Box 388320 Chicago, IL 60638-8320	J	5-9-03 Medical Bill				274.00
Account No. Dxxxx678N1 Creditor #: 99 Senex Services Corp 3500 Depauw Blvd Ste 305 Indianapolis, IN 46268	H	Opened 12/14/05 Last Active 1/01/07 Collection Little Company Of Mary Hospita				505.00
Account No. Dxxxx630N1 Creditor #: 100 Senex Services Corp 3500 Depauw Blvd Ste 305 Indianapolis, IN 46268	H	Opened 12/14/05 Collection Little Company Of Mary Hospita				163.00
Account No. xFLx0112 Creditor #: 101 Sherman Acquisitions Po Box 740281 Houston, TX 77274	W	Opened 6/30/06 FactoringCompanyAccount Mci				334.00
Sheet no. <u>21</u> of <u>24</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						2,644.43

Official Form 6F (10/06) - Cont.

In re **Bobby K Williamson,
Kimberly D Mundy-Williamson**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxx-xx-6547 Creditor #: 102 Tempus Palms International, LTD 7900 Palms Parkway Kissimmee, FL 34747	J	4-28-2005 Unsecured loan				1,362.74
Account No. xxxxx9275 Creditor #: 103 Tex Collect/collection Agency 2101 W Ben White Blvd Austin, TX 78704	W	Opened 7/07/05 Collection County Bank Of Rehoboth Beach				472.00
Account No. MU0081 Creditor #: 104 Timothy K. Getty D.D.S. 10601 S. Western Ave. Suite 2 Chicago, IL 60643	J	2007 Dental Bill				300.00
Account No. xxxxxxxx9736 Creditor #: 105 TRS Recovery Services c/o LaSalle Bank 5251 Westheimer Rd. Houston, TX 77056-5404	J	12-28-04 Collection				80.00
Account No. xxxxx9483 Creditor #: 106 Txu Energy 200 W John Carpenter Fwy Irving, TX 75039	W	Opened 10/18/01 Last Active 6/13/02 Other				433.00
Sheet no. 22 of 24 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 2,647.74

In re **Bobby K Williamson,
Kimberly D Mundy-Williamson**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. xxxxxx2005 Creditor #: 107 Unifund/collection Agency 11802 Conrey Rd Ste 200 Cincinnati, OH 45249	W	Opened 10/01/00 Last Active 10/01/00 ReturnedCheck				240.00
Account No. xxxx7564 Creditor #: 108 United Collection Bureau 5620 Southwyck Blvd Ste Toledo, OH 43614	W	Opened 7/24/06 Collection Chicago Central Emerg Phys LI				26.00
Account No. xx5597, xx1716 Creditor #: 109 University of Illinois at Chicago Physician Group 135 S. LaSalle St., Box 3293 Chicago, IL 60674-3293	J	2003-2004 Medical Bill				200.00
Account No. xxxxx4481 Creditor #: 110 Vital Recovery Services, Inc c/o Ford Motor Co PO Box 923747 Norcross, GA 30010-3747	J	2006 Deficiency on Repossessed Vehicle				7,695.47
Account No. xxx7584 Creditor #: 111 West Asset Management 1000 N Travis St Ste F Sherman, TX 75090	W	Opened 12/08/06 Collection North Hills Hospital				100.00
Sheet no. <u>23</u> of <u>24</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			8,261.47

In re **Bobby K Williamson,
Kimberly D Mundy-Williamson**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxxxx3555 Creditor #: 112 Westmorelan Agency c/o Consolidation USA P.O. Box 85522 Richmond, VA 23285-5523	J	2004 Collection				111.07
Account No. xxx6160 Creditor #: 113 Wexler & Wexler 500 W. Madison St. Suite 2910 Chicago, IL 60661-2587	J	2002 AT & T Broadband				169.10
Account No. xxxx5918 Creditor #: 114 ZipCash LLC 314 N. Riverside Drive Espanola, NM 87532	J	5-21-07 Unsecured loan				390.00
Account No.						
Account No.						

Sheet no. **24** of **24** sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page)

670.17

Total
(Report on Summary of Schedules)

213,661.24

In re **Bobby K Williamson,
Kimberly D Mundy-Williamson**

Case No. _____

Debtors

SCHEDULE G. EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed.R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code,
of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest.
State whether lease is for nonresidential real property.
State contract number of any government contract.

Form B6H
(10/05)

In re **Bobby K Williamson,
Kimberly D Mundy-Williamson**

Case No. _____

Debtors

SCHEDULE H. CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

0 continuation sheets attached to Schedule of Codebtors

In re **Bobby K Williamson**
Kimberly D Mundy-Williamson

Debtor(s)

Case No. _____

SCHEDULE I. CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child.

Debtor's Marital Status: Married	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S): Son son Daughter Son	AGE(S): 10 2 months 6 8
Employment:	DEBTOR	SPOUSE
Occupation	Cashier	Flight Attendant
Name of Employer	Aldi Inc.	American Eagle Airlines/maternity leave
How long employed	2 months	15 years
Address of Employer	P.O. Box 100 Gladeville, TN 37071	Ohare Airport Chicago, IL

INCOME: (Estimate of average or projected monthly income at time case filed)

	DEBTOR	SPOUSE
1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)	\$ 1,889.20	\$ 0.00
2. Estimate monthly overtime	\$ 0.00	\$ 0.00
3. SUBTOTAL	\$ 1,889.20	\$ 0.00
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and social security	\$ 299.82	\$ 0.00
b. Insurance	\$ 355.72	\$ 0.00
c. Union dues	\$ 0.00	\$ 0.00
d. Other (Specify) <u>See Detailed Income Attachment</u>	\$ 719.19	\$ 0.00
5. SUBTOTAL OF PAYROLL DEDUCTIONS	\$ 1,374.73	\$ 0.00
6. TOTAL NET MONTHLY TAKE HOME PAY	\$ 514.47	\$ 0.00
7. Regular income from operation of business or profession or farm (Attach detailed statement)	\$ 0.00	\$ 0.00
8. Income from real property	\$ 0.00	\$ 0.00
9. Interest and dividends	\$ 0.00	\$ 0.00
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	\$ 0.00	\$ 0.00
11. Social security or government assistance (Specify): _____	\$ 0.00	\$ 0.00
_____	\$ 0.00	\$ 0.00
12. Pension or retirement income	\$ 0.00	\$ 0.00
13. Other monthly income (Specify): <u>Unemployment</u>	\$ 0.00	\$ 1,420.00
_____	\$ 0.00	\$ 0.00
14. SUBTOTAL OF LINES 7 THROUGH 13	\$ 0.00	\$ 1,420.00
15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)	\$ 514.47	\$ 1,420.00
16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)	\$ 1,934.47	

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:
Joint debtor is currently on maternity leave

In re Bobby K Williamson
Kimberly D Mundy-Williamson Debtor(s) Case No. _____

SCHEDULE I. CURRENT INCOME OF INDIVIDUAL DEBTOR(S)
Detailed Income Attachment

Other Payroll Deductions:

<u>Child Support</u>	\$ <u>707.20</u>	\$ <u>0.00</u>
<u>Administration Fee</u>	\$ <u>8.67</u>	\$ <u>0.00</u>
<u>Sams Advance Credit</u>	\$ <u>3.32</u>	\$ <u>0.00</u>
<u>Total Other Payroll Deductions</u>	\$ <u>719.19</u>	\$ <u>0.00</u>

In re **Bobby K Williamson**
Kimberly D Mundy-Williamson

Case No. _____

Debtor(s) _____

SCHEDULE J. CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$	500.00
a. Are real estate taxes included? Yes _____ No <u>X</u>		
b. Is property insurance included? Yes _____ No <u>X</u>		
2. Utilities: a. Electricity and heating fuel	\$	300.00
b. Water and sewer	\$	0.00
c. Telephone	\$	65.00
d. Other <u>See Detailed Expense Attachment</u>	\$	80.00
3. Home maintenance (repairs and upkeep)	\$	15.00
4. Food	\$	500.00
5. Clothing	\$	50.00
6. Laundry and dry cleaning	\$	25.00
7. Medical and dental expenses	\$	100.00
8. Transportation (not including car payments)	\$	150.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	0.00
10. Charitable contributions	\$	0.00
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's	\$	25.00
b. Life	\$	0.00
c. Health	\$	0.00
d. Auto	\$	100.00
e. Other _____	\$	0.00
12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) _____	\$	0.00
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		
a. Auto	\$	0.00
b. Other _____	\$	0.00
c. Other _____	\$	0.00
d. Other _____	\$	0.00
14. Alimony, maintenance, and support paid to others	\$	0.00
15. Payments for support of additional dependents not living at your home	\$	0.00
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	0.00
17. Other <u>Personal Grooming</u>	\$	50.00
Other <u>Tuition, Books, Supplies</u>	\$	50.00
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$	2,010.00
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:		
20. STATEMENT OF MONTHLY NET INCOME		
a. Average monthly income from Line 15 of Schedule I	\$	1,934.47
b. Average monthly expenses from Line 18 above	\$	2,010.00
c. Monthly net income (a. minus b.)	\$	-75.53

Official Form 6J (10/06)

In re **Bobby K Williamson**
Kimberly D Mundy-Williamson Debtor(s) Case No. _____

SCHEDULE J. CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)
Detailed Expense Attachment

Other Utility Expenditures:

Cable	\$	60.00
Internet	\$	20.00
Total Other Utility Expenditures	\$	80.00

United States Bankruptcy Court
Northern District of Illinois

In re **Bobby K Williamson**
Kimberly D Mundy-Williamson

Debtor(s)

Case No.
Chapter

7

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 40 sheets *[total shown on summary page plus 2]*, and that they are true and correct to the best of my knowledge, information, and belief.

Date **November 16, 2007**

Signature /s/ Bobby K Williamson
Bobby K Williamson
Debtor

Date **November 16, 2007**

Signature /s/ Kimberly D Mundy-Williamson
Kimberly D Mundy-Williamson
Joint Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

Official Form 7
(04/07)

United States Bankruptcy Court
Northern District of Illinois

In re **Bobby K Williamson**
Kimberly D Mundy-Williamson

Debtor(s)

Case No.
Chapter

7

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. Do not include the name or address of a minor child in this statement. Indicate payments, transfers and the like to minor children by stating "a minor child." See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None
☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$15,000.00	2007 Employment Husband
\$13,000.00	2007 Employment Wife
\$23,357.00	2006 Employment Husband
\$26,867.00	2006 Employment Wife
\$12,086.00	2005 Employment Husband
\$27,283.00	2005 Employment Wife

2. Income other than from employment or operation of business

None ☒ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

3. Payments to creditors

None ☒ *Complete a. or b., as appropriate, and c.*

a. *Individual or joint debtor(s) with primarily consumer debts.* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$600. Indicate with an (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
------------------------------	-------------------	-------------	--------------------

None ☒ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$5,475. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
------------------------------	---------------------------------	---	--------------------

None ☒ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
--	-----------------	-------------	--------------------

4. Suits and administrative proceedings, executions, garnishments and attachments

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Capital One v. Debtor 03M1155130	Collection suit	Northern District	Judgment

None ☐ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
Arrow Financial Services LLC Freedman Anselmo Lindberg & Rappe LLC PO Box 3228 Naperville, IL 60566-7228	8-2007	2323.85

5. Repossessions, foreclosures and returns

None ☐ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
Regional Acceptance Co. 110 W. Randill Mill Rd Arlington, TX 76011	10-2007	2001 Ford Escape \$9000

6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
------------------------------	-----------------------	-----------------------------------

None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
----------------------------------	--	------------------	--------------------------------------

7. Gifts

None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
---	-----------------------------------	--------------	----------------------------------

8. Losses

None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
--------------------------------------	--	--------------

9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Damita Buffington & Associates, LLC 1525 E. 53rd St. Suite 622 Chicago, IL 60615	9-30-2007	\$895
GreenPath 38505 Country Club Dr., #210 Farmington, MI 48331-3429	10-26-07	\$100

10. Other transfers

None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
---	------	---

None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
----------------------------------	---------------------------	---

11. Closed financial accounts

None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
---------------------------------	--	---------------------------------------

12. Safe deposit boxes

None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
---	---	----------------------------	--

13. Setoffs

None ☐ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
------------------------------	----------------	------------------

14. Property held for another person

None ☐ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
---------------------------	-----------------------------------	----------------------

15. Prior address of debtor

None ☐ If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
---------	-----------	--------------------

16. Spouses and Former Spouses

None ☐ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None ☐ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
-----------------------	---------------------------------------	----------------	-------------------

None ☐ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
-----------------------	---------------------------------------	----------------	-------------------

None ☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF
GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

18 . Nature, location and name of business

None ☐ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOC. SEC. NO./ COMPLETE EIN OR OTHER TAXPAYER I.D. NO.	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
------	--	---------	--------------------	-------------------------------

None ☐ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
------	---------

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date **November 16, 2007**

Signature **/s/ Bobby K Williamson**
Bobby K Williamson
Debtor

Date **November 16, 2007**

Signature **/s/ Kimberly D Mundy-Williamson**
Kimberly D Mundy-Williamson
Joint Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

Form 8
(10/05)

**United States Bankruptcy Court
Northern District of Illinois**

In re **Bobby K Williamson
Kimberly D Mundy-Williamson**

Debtor(s)

Case No.

Chapter

7

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

- ☒ I have filed a schedule of assets and liabilities which includes debts secured by property of the estate.
- ☐ I have filed a schedule of executory contracts and unexpired leases which includes personal property subject to an unexpired lease.
- ☐ I intend to do the following with respect to property of the estate which secures those debts or is subject to a lease:

Description of Secured Property	Creditor's Name	Property will be Surrendered	Property is claimed as exempt	Property will be redeemed pursuant to 11 U.S.C. § 722	Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c)
-NONE-					

Description of Leased Property	Lessor's Name	Lease will be assumed pursuant to 11 U.S.C. § 362(h)(1)(A)
-NONE-		

Date **November 16, 2007**

Signature **/s/ Bobby K Williamson**
Bobby K Williamson
Debtor

Date **November 16, 2007**

Signature **/s/ Kimberly D Mundy-Williamson**
Kimberly D Mundy-Williamson
Joint Debtor

United States Bankruptcy Court
Northern District of Illinois

In re **Bobby K Williamson**
Kimberly D Mundy-Williamson

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	\$	<u>895.00</u>
Prior to the filing of this statement I have received.....	\$	<u>895.00</u>
Balance Due.....	\$	<u>0.00</u>

2. \$ 299.00 of the filing fee has been paid.
3. The source of the compensation paid to me was:
☒ Debtor ☐ Other (specify):
4. The source of compensation to be paid to me is:
☒ Debtor ☐ Other (specify):
5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
d. [Other provisions as needed]
Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.
7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:
Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: November 16, 2007

/s/ Damita G. Buffington

Damita G. Buffington 6228924
Damita Buffington & Associates, LLC
1525 E. 53rd St.
Suite 622
Chicago, IL 60615
773-667-0280 Fax: 773-667-0290
Bknotices@ChicagoElimidebt.com

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS

**NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total Fee \$299)

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

Certificate of Attorney

I hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

Damita G. Buffington 6228924

Printed Name of Attorney
Address:
1525 E. 53rd St.
Suite 622
Chicago, IL 60615
773-667-0280

X **/s/ Damita G. Buffington** **November 16, 2007**

Signature of Attorney Date

Certificate of Debtor

I (We), the debtor(s), affirm that I (we) have received and read this notice.

Bobby K Williamson
Kimberly D Mundy-Williamson

Printed Name of Debtor

Case No. (if known) _____

X **/s/ Bobby K Williamson** **November 16, 2007**

Signature of Debtor Date

X **/s/ Kimberly D Mundy-Williamson** **November 16, 2007**

Signature of Joint Debtor (if any) Date

**United States Bankruptcy Court
Northern District of Illinois**

In re **Bobby K Williamson**
Kimberly D Mundy-Williamson Debtor(s) Case No. _____
Chapter **7**

VERIFICATION OF CREDITOR MATRIX

Number of Creditors: **123**

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: **November 16, 2007** **/s/ Bobby K Williamson**
Bobby K Williamson
Signature of Debtor

Date: **November 16, 2007** **/s/ Kimberly D Mundy-Williamson**
Kimberly D Mundy-Williamson
Signature of Debtor

AA Credit Union
PO Box 155489
Fort Worth, TX 76155-0489

Aarow Financial Services
5996 W Touhy Ave
Niles, IL 60714

Afni, Inc.
Po Box 3427
Bloomington, IL 61702

Afni, Inc.
Po Box 3427
Bloomington, IL 61702

Allied Collection Svc
4230 Lbj Fwy Ste 407
Dallas, TX 75244

America Online
GPO
PO Box 30623
Tampa, FL 33630-0623

American Airlines Efcu
Po Box 619001
Dallas, TX 75261

American Airlines Efcu
Po Box 619001
Dallas, TX 75261

American Airlines FCU
MD 2100
PO Box 619001
Dallas, TX 75261-9001

Annita John MDPC DBA
Heritage Pediatrics
2800 W. 87th St.
Chicago, IL 60652-3831

Argent Healthcare Financial Service
3500 W. Peterson
Suite 300
Chicago, IL 60659

Arrow Financial Services
5996 W. Touhy Ave.
Niles, IL 60714-4610

ASG
c/o Arrow Financial Services LLC
205 Bryant Woods South
Amherst, NY 14228

Astra Buisness Services
PO Box 1341
Mill Valley, CA 94942-1341

ATG Credit, LLC
PO BOX 14895
Chicago, IL 60614

Blakely Witt & Assoc
802 E Highway 80
Mesquite, TX 75149

Cardiovascular Consultants, LLP
c/o Physicians Billing Service
2800 W. 95th St.
Evergreen Park, IL 60805-2701

Cash Supply
314 N Riverside Drive
Espanola, NM 87532

Cavalry Portfolio Svcs
4050 E Cotton Center Blv
Phoenix, AZ 85040

Cb Usa Inc
55252 Hohman Ave
Hammond, IN 46320

Cb Usa Inc
5252 Hohman Po Box 8000
Hammond, IN 46325

Cb Usa Inc
55252 Hohman Ave
Hammond, IN 46320

Cb Usa Inc
5252 Hohman Po Box 8000
Hammond, IN 46325

Cb Usa Inc
55252 Hohman Ave
Hammond, IN 46320

Cb Usa Inc
55252 Hohman Ave
Hammond, IN 46320

Cb Usa Inc
55252 Hohman Ave
Hammond, IN 46320

Cb Usa Inc
55252 Hohman Ave
Hammond, IN 46320

Centrix Resource Syste
5690 Dtc Blvd Ste 270
Englewood, CO 80111

Christ Hospital and Medical Center
4440 W. 95th St.
Oak Lawn, IL 60453

Citibank Usa
Po Box 6003
Hagerstown, MD 21747

City Of Chicago -EMS
33589 Treasury Center
Chicago, IL 60694

City of Chicago Dept. of Water
Box 6330
Chicago, IL 60680-6330

CMI
c/o Wow Internet & Cable
Box 118288
Carrollton, TX 75007-8288

ComEd
Bill Payment Center
Chicago, IL 60668-0001

Consultants In Clinical Pathol
37416 Eagle Way
Chicago, IL 60678

Credit Collection Services
c/o American Family Insurance
Madison, WI 53777-0001

Credit Systems/ Collection Agency
1277 Country Club Ln
Fort Worth, TX 76112

Credit Systems/ Collection Agency
1277 Country Club Ln
Fort Worth, TX 76112

Creditors Collection B
755 Almar Pkwy
Bourbonnais, IL 60914

Dependon Col
7627 W Lake St 210
River Forest, IL 60305

Dependon Collection Se
120 W 22nd St Ste 360
Oak Brook, IL 60523

Dependon Collection Se
120 W 22nd St Ste 360
Oak Brook, IL 60523

Dependon Collection Se
120 W 22nd St Ste 360
Oak Brook, IL 60523

Doctors Reporting Service of Texas
c/o Harris Methodist Fort Worth
PO Box 460036
Garland, TX 75046-0036

East Side Lenders, LLC
2711 Centerville Rd.
Suite 120-5900
Wilmington, DE 19808

Emergency Physician's Office
PO Box 60439
Fort Myers, FL 33906-6439

Evergreen Anes Pain Management
185 Penny Ave.
Dundee, IL 60118-1454

Evergreen Orhtopedics, S.C.
2850 W. 95th St
Suite 406
Evergreen Park, IL 60805

F&w Llc
500 W Madison St Ste 2910
Chicago, IL 60661

Falls Collection Svc
Po Box 668
Germantown, WI 53022

Falls Collection Svc
Po Box 668
Germantown, WI 53022

FBCS
c/o Check N Go
841 E. Hunting Park Ave.
Philadelphia, PA 19124

Financial Control Solutions
c/o Dr. Anita Arora M.D.
PO Box 668
Germantown, WI 53022-0668

GC Services Limited Partnership
c/o BMG Music Service
PO Box 3026
Houston, TX 77253-3026

Guaranty Bank
Collection Department
PO Box 245014
Milwaukee, WI 53224

H&f Law
33 N Lasalle Ste. 1200
Chicago, IL 60602

Harvard Collection
4839 N Elston Ave
Chicago, IL 60630

Hsbc/carsn
Po Box 15521
Wilmington, DE 19805

ICS
c/o Advocate Christ Medical Center
PO Box 646
Oak Lawn, IL 60454-0646

ICS Collection Service
c/o Little Compnay of Mary Hospital
Box 646
Oak Lawn, IL 60454-0646

ICS Collection Service
c/o Practice Resources, Inc
Box 646
Oak Lawn, IL 60454-0646

ICS Collection Service
c/o Little Company of Mary Hospital
Box 646
Oak Lawn, IL 60454-0646

Il Dept Of Healthcare
509 S 6th St
Springfield, IL 62701

Ildptpubaid
509 S. 6th Street
Springfield, IL 62701

Institute For Women's Health
2600 W. Division
Chicago, IL 60622

John G. Latall, MD
1317 W. Diversey Pkwy
Chicago, IL 60614

Little Co Affiliated Physicians
2800 W. 87th St.
Chicago, IL 60652

Little Company of Mary
2800 W. 95th St
Evergreen Park, IL 60805

Little Company of Mary
2800 W. 95th St.
Evergreen Park, IL 60805

Louis Freedman
PO Box 3228
Naperville, IL 60566-7228

LTD Financial Services
c/o Citibank USA NA
7322 Southwest Freeway, #1600
Houston, TX 77074

Lvnv Funding
P.o. B 10584
Greenville, SC 29603

M3Financial Services
c/o Roseland Community Hospital
O Box 802089
Chicago, IL 60680-2089

Malcolm S. Gerald & Asc. Inc
c/o Little Co. of Mary Hospital
332 S. Michigan Ave, Suite 600
Chicago, IL 60604

Materna Fetal Medicine Consultants
PO Box 616
Forest Park, IL 60130

Med Busi Bur
1460 Renaissance D Suite 400
Park Ridge, IL 60068

Medical Collections Sy
725 S. Wells Ave Ste 700
Chicago, IL 60607

Medical Collections Sy
725 S. Wells Ave Ste 700
Chicago, IL 60607

Medical Collections Sy
725 S. Wells Ave Ste 700
Chicago, IL 60607

Mercy Hospital & Medical Center
2525 S. Michigan Ave.
Chicago, IL 60616-2477

Midland Cred
8875 Aero Dr Suite 200
San Diego, CA 92123

Midwest Anesthesiologists
185 Penny Ave.
Dundee, IL 60118

Midwest Pediatric Cardiology
PO ox 3773
Oak Brook, IL 60522-3773

Midwest Pediatric Cardiology
1482 Momentum Place
Chicago, IL 60689-5314

National Credit Adjusters
c/o Cash Supply
PO Box 3023- 327 W. 47th St
Hutchinson, KS 67504-3023

Nationwidecash.com
314 N. Riverside Drive
Espanola, NM 87532

Nco Fin/27
Po Box 7216
Philadelphia, PA 19101

Nco Financial Svcs
Po Box 13564
Philadelphia, PA 19101

NCO Financial System
c/o MCI
507 Prudential Rd.
Horsham, PA 19044

NCO Financial Systems, Inc Midwest
c/o Christ Hospital & Medical Ctr
PO Box 41421 DPT 55
Philadelphia, PA 19101

Northwest Premium Services, Inc.
330 S. Wells St. 16Flr
Chicago, IL 60606

Paramount Recovery Sys
111 E Center St
Lorena, TX 76655

Peoples Engy
130 E Randolph
Chicago, IL 60601

Peoples First
c/o Wells Fargo Financial
2080 Elm St. SE
Minneapolis, MN 55414-2531

Portfolio Recoveries
120 Corporate Blvd Ste 1
Norfolk, VA 23502

Portfolio Recoveries
120 Corporate Blvd Ste 1
Norfolk, VA 23502

Procollect, inc
12170 Abrams Rd Ste 100
Dallas, TX 75243

Radiological Physicians, LTD
P.O. Box 2150
Bedford Park, IL 60499

Radiology Imaging Specialists LTD
P.O. Box 70
Hinsdale, IL 60522

Regional Acceptance Co
110 W Randill Mill Rd St
Arlington, TX 76011

Resurrection Health Care
4588 Paysphere Circle
Chicago, IL 60674-0045

Ridgeway Chevrolet, Inc
17730 Torrence Ave.
Lansing, IL 60438

Risk Management Alternatives Inc
C/O SBC
P.O. Box 105236
Atlanta, GA 30348

RJM Acquisitions
c/o Chase Manhattan Bank
575 Underhill Blvd., Suite 224
Syosset, NY 11791-3416

Robert Mistovich
c/o Renaissance Medical Group
725 S. Wells St., Suite 701
Chicago, IL 60607

Roseland Community Hospital Urgent
PO Box 388320
Chicago, IL 60638-8320

Senex Services Corp
3500 Depauw Blvd Ste 305
Indianapolis, IN 46268

Senex Services Corp
3500 Depauw Blvd Ste 305
Indianapolis, IN 46268

Sherman Acquisitions
Po Box 740281
Houston, TX 77274

Tempus Palms International, LTD
7900 Palms Parkway
Kissimmee, FL 34747

Tex Collect/collection Agency
2101 W Ben White Blvd
Austin, TX 78704

Timothy K. Getty D.D.S.
10601 S. Western Ave.
Suite 2
Chicago, IL 60643

TRS Recovery Services
c/o LaSalle Bank
5251 Westheimer Rd.
Houston, TX 77056-5404

Txu Energy
200 W John Carpenter Fwy
Irving, TX 75039

Unifund/collection Agency
11802 Conrey Rd Ste 200
Cincinnati, OH 45249

Union Auto
8700 S. Chicago Av
Chicago, IL 60617

United Collection Bureau
5620 Southwyck Blvd Ste
Toledo, OH 43614

University of Illinois at Chicago
Physician Group
135 S. LaSalle St., Box 3293
Chicago, IL 60674-3293

Vital Recovery Services, Inc
c/o Ford Motor Co
PO Box 923747
Norcross, GA 30010-3747

West Asset Management
1000 N Travis St Ste F
Sherman, TX 75090

Westmorelan Agency
c/o Consolidation USA
P.O. Box 85522
Richmond, VA 23285-5523

Wexler & Wexler
500 W. Madison St.
Suite 2910
Chicago, IL 60661-2587

ZipCash LLC
314 N. Riverside Drive
Española, NM 87532